FEC

STATEMENT OF

| FORM 1 | ORGANIZAT | TON | |
|-------------------------------|---|---|--|
| i Ortivi i | (See instructions) | | Office use only |
| NAME OF COMMITTEE (in | full) (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 |
| ASSOCIATION (AHAM PAC) | OF HOME APPLIANCE MANUFACT | URERS' POLITICAL ACT | ION COMMITTEE |
| | | | |
| ADDRESS (number and | street) 1111 19TH STREET NW | SUITE 402 | |
| (Check if address is changed) | | <u> </u> | <u> </u> |
| | WASHINGTON | | DC 20036 - 111 |
| | CI | ТУ▲ | STATE▲ ZIP CODE ▲ |
| COMMITTEE'S E-MA | IL ADDRESS (Please provide only one e-mail | address) | |
| (Check if address is changed) | ctaylor@aham.org | | |
| | | | |
| COMMITTEE'S WER | PAGE ADDRESS (URL) | | |
| | www aham org | | |
| (Check if address is changed) | ; [[] [] [] [] [] [] [] [] [] | | |
| | | | |
| 2. DATE 0 9 | | | |
| 3. FEC IDENTIFICA | TION NUMBER C | C00148536 | |
| 4. IS THIS STATEM | MENT X NEW (N) OR | AMENDED (A) | |
| L certify that I have exam | ned this Statement and to the best of my knowled | dge and belief it is true, correct and | complete |
| roomy macriavo oxam | · | igo and sonor it is true, correct and | Complete |
| Type or Print Name of | Treasurer Mr. Kevin Messner | | |
| Signature of Treasure | Electronically Filed by Mr. Kevin Me | essner (| Date 09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of fa | lse, erroneous, or incomplete information may sub | | |
| | ANY CHANGE IN INFORMATION | N SHOULD BE REPORTED W | VITHIN 10 DAYS |
| Office Use Only | | For further information of Federal Election Commissi Toll Free 800-424-9530 | |